

Issue Classification				Application No.			Applicant(s)	
				09/677,578			NAGAHASHI, TOSHINORI	
				Examiner			Art Unit	
				Leonard S Liang			2853	

ORIGINAL				CROSS REFERENCE(S)					
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
347		12		347	37	5			
INTERNATIONAL CLASSIFICATION				400	76	70	61		
B	4	1	J	029/38					
B	4	1	J	023/00					
B	4	1	J	011/44					
B	4	1	J	003/42					
B	4	1	J	005/30					
<i>Leonard Liang 05/10/04</i>								Total Claims Allowed: 12	
(Assistant Examiner) (Date)				Stephen D. Meier Primary Examiner (Primary Examiner) (Date)				O.G. Print Claim(s) 1	O.G. Print Fig. 1
<i>LEON</i> <i>6/14/04</i> (Legal Instruments Examiner) (Date)									

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
2	2		32		62		92
3	3		33		63		93
4	4		34		64		94
5	5		35		65		95
6	6		36		66		96
7	7		37		67		97
8	8		38		68		98
9	9		39		69		99
10	10		40		70		100
11	11		41		71		101
12	12		42		72		102
13			43		73		103
14			44		74		104
15			45		75		105
16			46		76		106
17			47		77		107
18			48		78		108
19			49		79		109
20			50		80		110
21			51		81		111
22			52		82		112
23			53		83		113
24			54		84		114
25			55		85		115
26			56		86		116
27			57		87		117
28			58		88		118
29			59		89		119
30			60		90		120

Issue Classification					Application N .	Applicant(s)	
					09/677,578	NAGAHASHI, TOSHINORI	
 Examiner Leonard S Liang					Examiner	Art Unit	
						2853	

ISSUE CLASSIFICATION

ORIGINAL				CROSS REFERENCE(S)									
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)										
INTERNATIONAL CLASSIFICATION													
B	4	1	J	009/44									
B	4	1	J	005/40									
G	0	6	F	011/00									
G	0	6	K	003/00									
G	0	6	K	007/00									
<i>Leonard Liang 05/20/04</i>													
(Assistant Examiner) (Date)													
<i>JKON 6/14/04</i>													
(Legal Instruments Examiner) (Date)													
												Total Claims Allowed:	
												O.G. Print Claim(s)	O.G. Print Fig.

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211	241	271	301	331	361	391	
212	242	272	302	332	362	392	
213	243	273	303	333	363	393	
214	244	274	304	334	364	394	
215	245	275	305	335	365	395	
216	246	276	306	336	366	396	
217	247	277	307	337	367	397	
218	248	278	308	338	368	398	
219	249	279	309	339	369	399	
220	250	280	310	340	370	400	
221	251	281	311	341	371	401	
222	252	282	312	342	372	402	
223	253	283	313	343	373	403	
224	254	284	314	344	374	404	
225	255	285	315	345	375	405	
226	256	286	316	346	376	406	
227	257	287	317	347	377	407	
228	258	288	318	348	378	408	
229	259	289	319	349	379	409	
230	260	290	320	350	380	410	
231	261	291	321	351	381	411	
232	262	292	322	352	382	412	
233	263	293	323	353	383	413	
234	264	294	324	354	384	414	
235	265	295	325	355	385	415	
236	266	296	326	356	386	416	
237	267	297	327	357	387	417	
238	268	298	328	358	388	418	
239	269	299	329	359	389	419	
240	270	300	330	360	390	420	